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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/774,919
Filing Date	February 9, 2004
First Named Inventor	Lawrence R. Carmen Jr., et al
Group Art Unit	3634
Examiner Name	Johnson, Blair M.
Attorney Docket Number	6232-253 (193789)

Total Number of Pages in This Submission 7

### ENCLOSURES (check all that apply)

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment/Reply 3/16/06 Office Action<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input checked="" type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><br><input type="checkbox"/> Drawing(s) – Figs.<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s)<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
|--|---|--|

Remarks:

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Drinker Biddle & Reath LLP
Signature	
Printed Name	Gregory J. Lavorgna, Reg. No. 30,469
Date	April 21, 2006

### CERTIFICATE OF MAILING UNDER 37 CFR 1.8

I hereby certify that this paper, along with any documents referred to as being enclosed therewith, is being deposited with the United States Postal Service in an envelope addressed to U.S. Patent Office, Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:.

Typed or printed name	Laura M. McNeely
Signature	Date: April 21, 2006



FEE TRANSMITTAL for FY 2005  <i>Patent fees are subject to annual revision.</i>		Complete if known								
		Application Number	10/774,919							
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	February 9, 2004							
		First Named Inventor	Lawrence R. Carmen Jr., et al.							
TOTAL AMOUNT OF PAYMENT (\$120.00)		Examiner Name	Johnson, Blair M.							
		Art Unit	3634							
METHOD OF PAYMENT (check all that apply)		Attorney Docket No.	6232-253 (193789)							
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None  <input type="checkbox"/> Deposit Account: Deposit Account Number <u>50-0573</u> Deposit Account Name <u>Drinker Biddle &amp; Reath LLP</u>  The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		FEE CALCULATION (continued)								
		ADDITIONAL FEES								
FEE CALCULATION		Fee Code				Large Entity Fee (\$)	Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
		EXTRA CLAIMS FEES FOR UTILITY AND REISSUE								
Total Claims * -20** = 0 X * = \$ 0  Independent Claims 4* - 3** = X 100 = \$  Multiple Independent + 360/180 = \$ 0		1202 50 2202 25 Claims in excess of 20								
		1201 200 2201 100 Independent claims in excess of 3								
1203 360 2203 180 Multiple dependent claim, if not paid		1204 200 2204 100 **Reissue independent claims over original patent								
		1205 50 2205 25 **Reissue claims in excess of 20 and over original patent								
1202 50 2202 25 Claims in excess of 20		1201 200 2201 100 Independent claims in excess of 3								
		1203 360 2203 180 Multiple dependent claim, if not paid								
1204 200 2204 100 **Reissue independent claims over original patent		1205 50 2205 25 **Reissue claims in excess of 20 and over original patent								
1205 50 2205 25 **Reissue claims in excess of 20 and over original patent										
**or number previously paid, if greater; For Reissue, see above										
SUBMITTED BY CUSTOMER NO. 23973										
Name (Print/Type) Gregory J. Lavorgna		Registration No. (Attorney/Agent) 30,469				Telephone (215) 988.2700				
		Signature				Date April 21, 2006				